

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Such Spring
 or
 Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
12030

Registration District No. 4001A Registered No. 13
 (For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mathis Miller Riddle If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 3rd (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar. 13 19 23
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME W. A. Riddle
 9) PRESENT POSTOFFICE OF FATHER Spartanburg, S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 41 (Years)
 12) BIRTHPLACE S.C.
 13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Bidie Mitchell
 (15) PRESENT POSTOFFICE OF MOTHER Spartanburg, S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth Three

20) Number of children born to mother, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:40 PM. on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(23) (Signature) D. P. Hughton M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Areata, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Mar 15 19 23 (28) A. B. Moore Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

REGISTRAR - 1

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